10/090031

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attorney Docket No.			402848/SOEI		
				0	
Client Reference No.					
First Inventor		Hir	=		
Title	GAMIN	GAMING MACHINE			
Express Mail Label No.					

1.53(b))				N4-11 I -1	LNIa	175		
		L	Expr	ess Mail Labe	Mail Sta			
APPLICATION ELEMENTS		ADDRESS TO:		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
1.	□ Utility Patent Application Transmittal	ACCOMPANYING APPLICATION PARTS						
••	Form	10.		Applicant req	uests ear	ly publication.		
2.	Applicant claims small entity status. See 37 CFR 1.27.			1.18(d))		under 37 CFR		
3.	Specification (including claims and abstract) [Total Pages 17]			(cover sheet and	d document(s)) pent (when there is		
4. 5. 6. 7. 8. 9.	Drawings [Total Sheets 5] Combined Declaration and Power of Attorney [Total Pages 3] a. Newly executed [Note Box 6 below] i. Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application. Incorporation by Reference: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered as part of the disclosure of the accompanying application and is hereby incorporated by reference. Application Data Sheet. See 37 CFR 1.76 CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper Copy c. Statement verifying identity of	13. 14. 15. 16. 17. 18		37 CFR 3.73 an Assignee Power of Atto English Trans Information I Form PT Copies of Preliminary A Return Rece (Should be spec Claim of Prio Document(s Request & C	(b) Staten) orney slation Do Disclosure O-1449 of Listed D Amendme ipt Postca cifically item ority & Cer) certification	nent (when there is ocument (if applicable) Statement (IDS) cocuments nt		
	above copies							
21	21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below: Continuation Divisional Continuation-in-part of prior application no. Prior application information: Examiner; Group Art Unit:							

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APPLICATION FEES								
BASIC FEE				\$770.00				
CLAIMS	Number Filed	NUMBER EXTRA	RATE					
Total Claims 6 -20=			x \$18.00	\$				
Independent Clain	ns 1 - 3=		x \$86.00	\$				
☐ Multiple Depen	dent Claim if applicable		+\$290.00	\$				
	\$770.00							
	\$()							
	e if applicable		+ \$40.00	\$40.00				
☐ Early publication fee if applicable			+ \$300.00	\$				
		•	TOTAL =					
 Please charge my Deposit Account No. 12-1216 in the amount of \$810.00. A check in the amount of \$ is enclosed. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216: a.								
26. CORRESPONDENCE ADDRESS								
			Vyand, Reg. No	. 29,458				
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Name	Jeffrey A. Wyand, Reg. No. 29,458							
Signature	Signature Hungan							
Date Ochher 30 ver 3								

Utility Transmittal (Revised 10/1/03)